

POSITION	ID NO.	DATE
CLASSIFIER	20	4-11-95
EXAMINER	313	4-13-95
TYPIST	288	4-14-95
VERIFIER	290	4-14-95
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

BEST AVAILABLE COPY

## INDEX OF CLAIMS

Claim	Date
Final	
Original	
1 1	5
1 2	9
1 3	9
1 4	9
1 5	9
1 6	9
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1 50	9

SYMBOLS

✓	Rejected
=	Allowed
-	(Through number) Canceled
+	Restricted
N	Non-elected
I	Interference
A	Appeal
O	Objected

Claim	Date
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